

INSTRUCTOR APPLICATION

Registry for FSTEP (Noncertification) Courses

Please Print or Type

NAME:

First

Middle

Last

DEPARTMENT:

Current Employer

DEPT ADDRESS:

Street

City

State

County

Zip

HOME ADDRESS:

Street

City

State

Zip

TELEPHONE:

Work - ()

Home - ()

Refer to the State Fire Training Policies and Procedures manual for specific instructor requirements. Applications are reviewed by the PACE II (Peer Assessment for Credential Evaluation) committee on a quarterly basis (January, April, July, October). Include with your application all appropriate documentation for each area of interest selected below.

SELECT YOUR AREA(S) OF INTEREST:

FIRE CONTROL

1 2 3 4 5 6 7

FIRE CONTROL SENIOR

3 4 4A/B 5 7

AUTO EXTRICATION

BASIC EMERGENCY VEHICLE OPS

BASIC PUMP OPS

RESCUE BOAT OPS

CONFINED SPACE RESCUE

AWARENESS OPERATIONS

DISPATCHER

1A 2A

EMERGENCY CARE/SICK & INJURED

ELECTRIC VEHICLE

HAZMAT-FIRST RESPONDER OPS

DECONTAMINATION

HELICOPTER OPS-EMS

LOW ANGLE RESCUE

PERSONAL WATERCRAFT RESCUE OPS

PREVENT/SUPPRESS SCRAP TIRE FIRES

RAPID INTERVENTION CREW TACTICS

RIVER & FLOOD RESCUE

SPECIALIZED APPARATUS

TRENCH RESCUE

INCIDENT COMMAND SYSTEM

I-100 I-200 I-300 I-400 I-401 I-402

ICS SKILLS POSITION

S-130 S-134 S-190 S-200 S-205

S-216

S-231 S-234 S-236 S-260 S-270

S-290

____S-390

____S-301
____S-400
____1

____S-330
____S-401
____1 SENIOR

____S-334
____S-430

____S-336

____S-339

RESCUE SYSTEMS

I, the undersigned, am the person applying for regional instructor. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information may be cause for denial.

APPLICANT'S SIGNATURE: _____ DATE: _____

